Patient Generated-Subjective Global Assessment (PG-SGA) 'how to' guide					
The PG-SGA is a 4 in 1 tool that can be used for nutrition screening, assessment, triaging and monitoring.					
Materials required: ■ PG-SGA worksheet					
Procedure:					
The PG-SGA consists of 2 main components. The patient gen form) and then worksheets 1 to 5.	nerated component, (also known as the PG-SGA short				
The patient generated component - Consists of boxes 1-4 an assessment.	d can be completed by the patient prior to dietitian				
Scored Patient-Generated Subjective Global Assessment (PG-SGA) History: Boxes 1 - 4 are designed to be completed by the patient. [Boxes 1-4 are referred to as the PG-SGA Short Form (SF)]	Patient Identification Information				
In summary of my current and recent weight: I currently weigh aboutkg I am aboutkg Six months ago I weighed aboutkg Six months ago I weighed aboutkg During the past two weeks my weight has: decreased (1)not changed (0)increased (0)	2. Food intake: As compared to my normal intake, I would rate my food intake during the past month as unchanged (0) more than usual (0) less than usual (1) I am now taking normal food but less than normal amount (1) little solid food (2) only liquids (3) only nutritional supplements (3) very little of anything (4) only tube feedings or only nutrition by vein (0) Box 2				
3. Symptoms: I have had the following problems that have kept me from eating enough during the past two weeks (check all that apply) no problems eating (0) no appetite, just did not feel like eating (3) vomiting (3) nausea (1) diarrhea (3) constipation (1) dry mouth (1) mouth sores (2) smells bother me (1) things taste funny or have no taste (1) feel full quickly (1) problems swallowing (2) fatigue (1) pain; where? (3) other (1)** **Examples: depression, money, or dental problems Box 3	4. Activities and Function: Over the past month, I would generally rate my activity as: normal with no limitations (0) not my normal self, but able to be up and about with fairly normal activities (1) not feeling up to most things, but in bed or chair less than half the day (2) able to do little activity and spend most of the day in bed or chair (3) pretty much bed ridden, rarely out of bed (3)				
The remainder of this form is to be completed by your doctor, nurse, dietitian, or ©FD Ottery 2005, 2006, 2015 v3.22.15 email: faithottervmdphd@aol.com or info@pt-global.org	therapist. Thank you. Additive Score of Boxes 1-4 A				

<u>Box 1</u> - Assesses chronic, intermediate or acute weight change.	1. Weight (See Worksheet 1) While height is not
	In summary of my current and recent weight: essential for scoring, the app calculates BMI
Complete for both 1 and 6 months. Use 6 month history <i>only</i> if 1 month not available. Refer to	I currently weigh about pounds I am about feet inches tall Complete both 1 & 6
worksheet 1 for weight loss scoring.	One month ago I weighed about pounds months; for scoring, use 1 mo if available. Use 6 months only if 1 month is
	Six months ago I weighed aboutpoundsnot available
The maximum score is 5 points for this box. Up to	During the past two weeks my weight has:
4 points for weight loss and up to one point for the past 2 weeks	decreased (1) not changed (0) nincreased (0)
	Box 1 max score = 5 points: up to 4 pts from wt loss + up to 1 point for past 2 wks Box 1
	2. Food intake: As compared to my normal intake, I would rate my
<u>Box 2</u> - Assesses changes in the amount, type and consistency of food intake during the past 2	food intake during the past month as
month.	unchanged (0) more than usual (0) Score bow the potient self-rates higher
	Score how the patient self-rates his/her intake during the past month; this helps to address recent deficit / current risk
Score how the patient self-rates his/her intake.	I am now taking
Note: The score is not additive for this box. Use	normal food but less than normal amount (1)
the highest score checked i.e max score = 4.	☐ little solid food (2) ☐ only liquids (3) Box 2 not additive; max = 4;
	only nutritional supplements (3) use the highest score checked, no matter how many options
	very little of anything (4)
	only tube feedings or only nutrition by vein (0) Box 2
<u>Box 3</u> - Assesses symptoms that have negatively influenced food intake/absorption or utilisation	3. Symptoms: I have had the following problems that have kept me from eating enough during the past two weeks (check all that apply)
of nutrients during the past 2 weeks.	☐ no problems eating (0) ☐ no appetite, just did not feel like eating (3) ☐ vomiting (3)
Note: Only score symptoms impacting on	nausea (1) diarrhea (3)
nutritional intake. Add all points for box 3 total	constipation (1) dry mouth (1)
score.	☐ mouth sores (2) ☐ smells bother me (1) ☐ things taste funny or have no taste (1) ☐ feel full quickly (1)
	problems swallowing (2) aftigue (1)
	pain; where? (3)
	other (1)** **Examples: depression, money, or dental problems Box 3
Box 4 - Assesses the patients' activities and function over the past month and is based on the	Activities and Function: Over the past month, I would generally rate my activity as:
Eastern Cooperative Oncology Group (ECOG)	normal with no limitations (0)
performance status	not my normal self, but able to be up and about with fairly
	normal activities (1) not feeling up to most things, but in bed or chair less than half the day (2)
	able to do little activity and spend most of the day in bed or chair (3)
	pretty much bed ridden, rarely out of bed (3)
	Box 4

<u>Worksheet 1</u> – provides guidance on scoring weight	loss		
	Worksheet 1 - Scorie	ng Weight Lo	ee
Use 1 month data if available.			vailable. Use 6-month data only if there is no
	1-month weight data. Use po	oints below to score	e weight change and add one extra point if
Use points to score weight change and add one	patient has lost weight during t	the past 2 weeks. E	nter total point score in Box 1 of PG-SGA.
extra point of patient has lost weight during the	Weight loss in 1 month	Points	Weight loss in 6 months
	Weight loss in 1 month 10% or greater	4	Weight loss in 6 months 20% or greater
past 2 weeks.	5-9.9%	3	10- 19.9%
	3-4.9%	2	6- 9.9%
	2-2.9%	1	2- 5.9%
	0-1.9%	0	0- 1.9%
		Numerical	score from Worksheet 1
<u>Worksheet 2</u> – identifies conditions that may increas	e nutritional risk or re	quirements	
	5. Worksheet 2 – Disease ar	nd its relation to r	utritional requirements:
Add one point for each of these conditions	Score is derived by adding 1 po	oint for each of the fol	lowing conditions:
identified	Cancer	Presence	ce of decubitus, open wound or fistula
identined	☐ AIDS	☐ Presence	ce of trauma
	Pulmonary or cardiac cac	hexia 🔲 Age gre	eater than 65
	☐ Chronic renal insufficience	су	
	Other relevant diagnoses (spe	Control of the second	
	Primary disease staging (circl	e if known or approp	merical score from Worksheet 2 B
		110	increar score from Worksheet 2
Worksheet 3 – Assesses metabolic demand consider	ing fever (how high an	d for how lo	ng) and corticosteroid use
	3 , 3		0.
6. Worksheet 3 - Metabolic Demand			
Score for metabolic stress is determined by a number of variables known to increase prote patient who has a fever of 38.8 °C (3 points) for < 72 hrs (1 point) and who is on 10 mg of			
Stress none (0) low (1) moderat	e (2) high (3)		The second secon
Fever no fever > 37.2 and < 38.3 ≥ 38.3 and Fever duration no fever < 72 hours 72 hours	1 < 38.8 ≥ 38.8 °C > 72 hou		
Corticosteroids no corticosteroids low dose moderate	dose high dose		
(< 10 mg prednisone (≥ 10 and equivalents/day) prednison	< 30 mg (≥ 30 mg e equivalents/day) equivaler	prednisone nts/day) Num	erical score from Worksheet 3 C
<u>Worksheet 4</u> – captures the results of a nutrition foc	used physical exam.		
7. Worksheet 4 – Physical Exam			
Exam includes a subjective evaluation of 3 aspects of body composition: fat, muscle, & fluid. Since Definition of categories: 0 = no abnormality, 1+ = mild, 2+ = moderate, 3+ = severe. Rating in these			
Muscle Status Fat Store	s		xam is determined by the overall subjective rating of the
temples (temporalis muscle) 0 1+ 2+ 3+ orbital fat p clavicles (pectoralis & deltoids) 0 1+ 2+ 3+ triceps skin	oads 0 1+ 2+ 3+	total body deficit. No defic Mild de	cit score = 0 points ficit score = 1 point Again, muscle deficit/loss
shoulders (deltoids) 0 1+ 2+ 3+ fat overlying	g lower ribs 0 1+ 2+ 3+ fat deficit rating 0 1+ 2+ 3+	Madam	takes precedence over fat loss or fluid excess.
scapula (latissimus dorsi, trapezius, deltoids) 0 1+ 2+ 3+ Fluid stat			
thigh (quadriceps) 0 1+ 2+ 3+ ankle edem calf (gastrocnemius) 0 1+ 2+ 3+ sacral eden		Nui	merical Score for Worksheet 4 D
Global muscle status rating 0 1+ 2+ 3+ ascites	0 1+ 2+ 3+	Cotal DC CCA C	
Giorai	fluid status rating 0 1+ 2+ 3+ ']	otal FG-SGA S	COTE (Total numerical score of A+B+C+D)
Clinician SignatureRD RN PA MD DO Other	Date G	llobal PG-SGA Category	y Rating (Stage A, Stage B or Stage C)
Scoring of physical exam:			
A score of 0-3 points for each site is given.			
No doficit - O points			he overall subjective rating of the
·	otal body deficit. No deficit Mild deficit	score = 0 poi score = 1 poi	Again muscle deficit/loss
Mild deficit = 1 point		ficit score = 2 poi	takes precedence over fat
Moderate deficit = 2 points	Severe defic		loss or fluid excess
Severe deficit = 3 points			
·			
Determine global rating for muscle, fat and fluid star	rac hacad on majority	rating rosper	250
Determine global rating for muscle, fat and fluid stor	es based on majority	rating respor	13℃.
Determine overall rating and record in Box D			

Note: You do not have to complete assessment at all sites to have a global sense for loss or deficit of muscle or fat. Remember the maximum point score for the physical exam is only 3 points – and you are not likely to be off by more than 1 point.

Scoring:

TOTAL PG-SGA SCORE = A + B + C + D

Total PG-SGA Score (Total numerical score of A+B+C+D) Global PG-SGA Category Rating (Stage A, Stage B or Stage C)

Worksheet 5 - Global rating of nutritional status

A = well nourished,

B = moderate or suspected malnutrition

C = severely malnourished.

You may find is easiest to circle A, B or C for each category as you work down the list. The global status will be determined by the column with the most circles.

	Stage A	Stage B	Stage C
Category	Well-nourished	Moderate/suspected malnutrition	Severely malnourished
Weight	OR recent non-fluid wt gain	≤5% loss in 1 month (≤10% in 6 months) OR Progressive weight loss	> 5% loss in 1 month (>10% in 6 months OR Progressive weight loss
Nutrient intake	No deficit OR Significant recent improvement	Definite decrease in intake	Severe deficit in intake
Nutrition Impac Symptoms (NIS	t None 5) OR significant recent improvement allowing adequate intake	Presence of NIS (Box 3 of PG-SGA)	Presence of NIS (Box 3 of PG-SGA)
Functioning	No deficit OR Significant recent improvement	Moderate functional deficit OR Recent deterioration	Severe functional deficit OR Recent significant deterioration
Physical Exam		Evidence of mild to moderate loss of muscle mass &/or muscle tone on palpation &/or loss of SQ fat	Obvious signs of malnutrition (e.g., severe loss muscle, fat, possible edema)

Total PG-SGA Score

The PG-SGA provides a score, which is a continuous measure (from 0-16) with the higher the score, the higher the malnutrition risk.

The score can be used to triage nutrition intervention.

Nutritional Triage Recommendations: Additive score is used to define specific nutritional interventions including n, symptom management including pharmacologic intervention, and appropriate nutriert intervention (food, tritional supplements, enteral, or parenteral triage).

First line nutrition intervention includes optimal symptom management.

Triage based on PG-SGA point score

- 1 Page based on IT-2xX point score
 1 No intervention required at this time. Re-assessment on routine and regular basis during treatment.
 2 Partient & family education by dictitian, nurse, or other clinician with pharmacologic intervention as indicated by symptom survey (Box 3) and lab values as appropriate.

 Requires intervention by dictitian, in conjunction with nurse or physician as indicated by symptoms (Box 3). 4-8 Requires intervention by dictitian, in conjunction with nurse or physicia ≥ 9 Indicates a critical need for improved symptom management and/or nur

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Frequently asked questions:

Q: Should we score all symptoms present, or only those impacting nutritional intake?

A: Only score those that affect nutritional intake.

Q: If a symptom was affecting intake withing the past 2 weeks but has resolved on the day of assessment, should it still be scored?

A: Yes

Q. Do we score for reduced activity levels even if this is not due to nutrition status (e.g. trauma)?

A: Yes, one week of complete bed rest can be associated with up to 4% loss in lean body mass.

Q: Should I use loss of weight over 1 month or 6 months?

A: Use 1 month if available, this gives a more recent idea of metabolic status (anabolic or catabolic)

Q: If a patient is receiving 100% nutrition requirements via enteral/parenteral nutrition but still has nutrition impact symptoms, do we still score them?

A: Yes. This box helps to determine what symptoms are stopping the patient meeting requirements orally and what nutrition interventions are required.

Key references:

- Ottery FD. Patient-Generated Subjective Global Assessment In: The Clinical Guide to Oncology Nutrition ed. PD
 McCallum & CG Polisena, 2000; pp 11–23 Chicago: The American Dietetic Association
- Bauer J, Capra S, Ferguson M. Use of the scored Patient-Generated Subjective Global Assessment (PG-SGA) as a nutrition assessment tool in patients with cancer. Eur J Clin Nutr. 2002 Aug;56(8):779-85. doi: 10.1038/sj.ejcn.1601412. PMID: 12122555.
- Also available on the patient global platform in 20 different languages. Each language has undergone translation and cross-cultural adaptation. https://pt-global.org/pt-global/

